

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Noemi's ARCH	CHAPTER 100.1
Address: 94-919 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 14, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

FILED  
19 APR -2 10:40  
STATE OF HAWAII  
LICENSING DIVISION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> No record of initial two-step tuberculosis skin test for Resident #1 available for review.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes, I obtained records indicating resident received a two-step TB test done on June 12, 2009 and June 9, 2010, both with negative results.</i></p>	<p><i>March 28, 2019</i></p> <p align="center">19 APR -2 48:40</p> <p align="right">RECEIVED STATE OF MICHIGAN DEPT. OF HEALTH &amp; HUMAN SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> No record of initial two-step tuberculosis skin test for Resident #1 available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will review the admission check list as a reference. All residents shall have documented evidence of two-step TB skin test done prior to admission.</p>	<p>March 28, 2019</p> <p>19 APR -2 10:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4)  The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b>  No record of Primary Care Giver training for all Substitute Care Giver's available for review.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>yes, all substitute caregivers were trained by primary caregivers. It was documented on the substitute caregivers training form and filed on RCH binder.</p>	<p>march 28, 2019</p> <p>19 APR -2 18:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No record of Primary Care Giver training for all Substitute Care Giver's available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will use the substitute caregiver checklist form as a reference. I will review this checklist for all my substitute caregivers monthly to ensure everything is up to date. Any training that I provide to my substitute caregivers will be documented on the substitute caregiver training form and filed on Primary Caregiver Arch folder.</p>	<p>MAY 7, 2019</p> <p>19 MAY -9 P2:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No records indicating resident either received or refused the pneumococcal vaccine.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Ife, I obtained a copy of resident's vaccination record from PCP and record will be filed. Resident received pneumococcal vaccine on June 12, 2014 and March 27, 2019.</i></p> <p align="right">STATE OF CONNECTICUT DOH STATE LICENSE</p>	<p><i>March 28, 2019</i></p> <p align="right">19 APR -2 AM 2:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No records indicating resident either received or refused the pneumococcal vaccine.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, when admitting a resident, I will review the checklist as a reference. I will request from PCP for resident's updated vaccination record. If resident did not receive vaccination for pneumococcal and/or influenza, I will request for MD order if resident gives consent. If resident refuses vaccination, I will document and also request PCP to document refusal.</p>	<p>March 28, 2019</p> <p style="text-align: right;">19 APR -2 4:07:41 STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p>

Licensee's/Administrator's Signature: Namin B. Laguit

Print Name: NOEMI B. LAGUIT

Date: MARCH 28, 2019

Licensee's/Administrator's Signature: Namin Laguit

Print Name: NOEMI LAGUIT

Date: MAY 7, 2019

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING

19 APR -2 18:41

RECEIVED